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PI	ETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)	Docket Number (Optional)			
(Fees	FY 2008 pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)	068269-5002US02			
Appli	cation Number 10/789,840	Filed: February 27, 2004			
For: Magnetic resonance imaging agents for the delivery of therapeutic agents					
Art U	nit: 1618 Confirmation No: 8243	Examiner: SAMALA, Jagadishwar Rao			
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.					
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):					
	<u>Fee</u>	Small Entity Fee			
[	One month (37 CFR 1.17(a)(1)) \$136	\$65 \$			
[	Two months (37 CFR 1.17(a)(2)) \$490	S \$245 \$			
	Three months (37 CFR 1.17(a)(3)) \$111	0 \$555 \$ <u>555</u>			
[	Four months (37 CFR 1.17(a)(4)) \$173	0 \$865 \$			
[	Five months (37 CFR 1.17(a)(5)) \$235	0 \$1175 \$			
Applicant claims small entity status. See 37 CFR 1.27.  A check in the amount of the fee is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director has already been authorized to charge fees in this application to a Deposit Account.					
			The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-0310. I have enclosed a duplicate copy of this sheet if filed by mail.		
			WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.		
			I am the applicant/inventor.		
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).					
attorney or agent of record. Registration Number 38,304					
attorney or agent under 37 CFR 1.34.  Registration number if acting under 37 CFR 1.34 38,304					
	Rolm Shu Signature				
Robin M. Silva, Reg. No. 38,304 <i>Under 37 CFR 1.34</i> 415.442.1000					
Typed or printed name Telephone Number					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.					
☐ Total of 1 form is submitted.					

Substitute PTO/SB/22 (01-08) SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.